



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000062947 1. Entity Name GERMAN PHARMACEUTICAL CONSULTING, INC.	
---	---

Principal Place of Business 1245 GLEN HEATHER DR. WINDERMERE, FL 34786	Mailing Address 1245 GLEN HEATHER DR. WINDERMERE, FL 34786
--	--

DO NOT WRITE IN THIS SPACE


03242007 No Chg-P CR2E034 (11/05)
4. FEI Number
59-3603599
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**GALLICHIO, VOLKER
1245 GLEN HEATHER DR.
WINDERMERE, FL 34786**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLICHIO, VOLKER 1245 GLEN HEATHER DR. WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000684862
04/06/07-80049-020 150.00
**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered
SIGNATURE: V. Gallichio **VOLKER GALLICHIO** 29/3/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407466 6267